

## STATE OF WASHINGTON

Water Right Permit No.

33-1E-24L

(1) OWNER: Name GLENN S. Kollmorgen Address 3368 N. Hiway 20 OAK HARBOR WA 98277

(2) LOCATION OF WELL: County ISLAND - NE 1/4 SW 1/4 Sec 24 T 33 N. R 1 E WM.

(2a) STREET ADDRESS OF WELL (or nearest address) 3368 N. Hwy 20 OAK HARBOR WA 98277

(3) PROPOSED USE: ☒ Domestic      Industrial ☐      Municipal ☐  
☐ Irrigation      Test Well ☐      Other ☐  
☐ DeWater

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

(4) TYPE OF WORK: Owner's number of well (If more than one) \_\_\_\_\_

Abandoned <input type="checkbox"/>	New well <input checked="" type="checkbox"/>	Method: Dug <input type="checkbox"/>	Bored <input type="checkbox"/>
Deepened <input type="checkbox"/>	<del>Cable <input checked="" type="checkbox"/></del>	<del>Cable <input checked="" type="checkbox"/></del>	Driven <input type="checkbox"/>
Reconditioned <input type="checkbox"/>	Rotary <input type="checkbox"/>	Rotary <input type="checkbox"/>	Jetted <input type="checkbox"/>

(5) **DIMENSIONS:** Diameter of well 6 inches  
Drilled 16 feet 14 inches

**(6) CONSTRUCTION DETAILS:**

Casing Installed: 6 - Diam. from 0 ft. to 61 ft.  
 Welded ☒ - Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Liner Installed ☐ - Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Threaded ☐ - Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Perforations: Yes ☐ No ☒

Type of perforator used

SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name Cook

Type STAINLESS STEEL Model No. \_\_\_\_\_  
 Diam. 6 Slot size 10 from 61 ft. to 66 ft.  
 Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☒ No ☐ To what depth? 20 ft  
Material used in seal BENTONITE  
Did any strata contain unusable water? Yes ☐ No ☒  
Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
Method of sealing strata off \_\_\_\_\_

(7) **PUMP:** Manufacturer's Name \_\_\_\_\_  
Type: \_\_\_\_\_ H.P. \_\_\_\_\_

(8) **WATER LEVELS:** Land-surface elevation 65  
above mean sea level

Static level 40 ft. below top of well Date 5-97

Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

Artesian water is controlled by \_\_\_\_\_ (Cap. valve, etc.)

(9) **WELL TESTS:** Drawdown is amount water level is lowered below static level  
Was a pump test made? Yes ☐ No ☒ If yes, by whom? \_\_\_\_\_  
Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hr

99	99	10
99	99	99

Recovery data (time taken as zero when pump turned off) (water level measured from we  
top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test \_\_\_\_\_

Bailer test 10 gal./min. with 10 ft. drawdown after 3 hr  
Airtest 10 gal./min. with stem set at 10 ft. for 3 hr

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_  
Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☒

Work Started APR 1997 Completed MAY 1, 1997

**WELL CONSTRUCTOR CERTIFICATION:**

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME WHIDBEY DRILLERS  
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address OAK HARBOR WASH 98277

(Signed) Rennie John License No. 129  
(WELL DRILLER)

Contractor's  
Registration  
No. CUH10540-289 MP Date MAY, 1997

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6800. The TDD number is (206) 407-6006.



WASHINGTON STATE  
DEPARTMENT OF  
ECOLOGY

# Well Tagging Form

SI

Unique Well Tag No: AGA 583

## RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

## WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

First Name THUNDERBIRD MOBILE HOME PK Last Name 88215

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## LOCATION OF WELL IF DIFFERENT FROM WELL REPORT

Well Address: 33608 HWY 20 - HEAD ON E SIDE OF ROAD AS YOU  
enter park

City \_\_\_\_\_ County \_\_\_\_\_

T \_\_\_\_\_ N R \_\_\_\_\_ W M Sec \_\_\_\_\_ 1/4 of the \_\_\_\_\_

## FOR AGENCY USE ONLY

Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

Elevation at land surface \_\_\_\_\_ feet/meters (circle one)

Additional information, if available

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other \_\_\_\_\_

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

6" CASING, NO HOUSING - EXPOSED AT ENTRANCE OF  
DARK

Location of Well Identification Tag

Is supplemental tag needed for ease of identifying well?

☐ Yes

☒ No

If yes, where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Scale 1 24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION \_\_\_\_\_

Comments

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Permit Right # \_\_\_\_\_ Date Issued \_\_\_\_\_

Is One Application Permit Certificate Claim Exempt